

Safety, effectiveness of VKAs, DOACs similar in general practice

March 12 2020



(HealthDay)—For patients receiving anticoagulants, arteriovenous

events and major bleeding events do not differ for those receiving vitamin K antagonists (VKAs) or direct oral anticoagulants (DOACs), according to a study published in the March/April issue of the *Annals of Family Medicine*.

Paul Frappé, M.D., Ph.D., from the University of Saint-Etienne in France, and colleagues compared the safety and effectiveness of anticoagulants among patients treated with VKAs and DOACs in a general practice setting. The participants were receiving oral anticoagulants for nonvalvular atrial fibrillation, secondary prevention of venous thromboembolism, or both. A total of 3,082 patients were included between April and December 2014 and were followed as usual for one year by their general practitioners.

The researchers found that 1.7 percent of [patients](#) had experienced an arterial or venous event; 6.1 percent had experienced bleeding, including 1.9 percent with [major bleeding](#); and 4.1 percent had died at one year. Arterial or venous events, or major bleeding, did not differ significantly between the VKA and DOAC groups. The risk for overall bleeding was lower in the VKA group (hazard ratio, 0.65), while the risk for death was higher (hazard ratio, 1.98).

"The near doubling of mortality risk in the VKA group as compared with the DOAC group is consistent with known data from health insurance databases and calls for further research to explore its origin," the authors write.

More information: [Abstract/Full Text](#)

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Citation: Safety, effectiveness of VKAs, DOACs similar in general practice (2020, March 12)

retrieved 5 May 2024 from

<https://medicalxpress.com/news/2020-03-safety-effectiveness-vkas-doacs-similar.html>

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